

Ally Auto
P.O. Box 380901
Minneapolis, MN 55438

Barclay Card
PO Box 13337
Philadelphia, PA 19101

Capital One Bankruptcy Department
PO Box 5155
Norcross, GA 30091

Chase Bank USA
PO Box 94014
Palatine, IL 60094-4014

Credit One Bank
PO Box 98872
Las Vegas, NV 89193-8872

Financial Recovery Services Inc
4510 W 77th St #200
Minneapolis, MN 55435

First American Loans
19 Ohio River Plaza
Gallipolis, OH 45631

Home Point Financial Corporation
Attn: Correspondence Dept
11511 Luna Road
Suite 200
Dallas, TX 75234

Internal Revenue Service
425 Juliana Street
Parkersburg, WV 26101

Lee M. Smith & Associates
929 Harrison Avenue
Ste 300
Columbus, OH 43215-1346

Nationwide Credit, Inc.
PO Box 14581
Des Moines, IA 50306-3581

Ohio Attorney General
150 E. Gay Street
Columbus, OH 43215

Ohio Department of Taxation
Compliance Division
PO Box 182402
Columbus, OH 43218

One Main Financial
9 Ohio River Plaza
Gallipolis, OH 45631

Portfolio Recovery Associates LLC
120 Corporate Blvd
Norfolk, VA 23502

Portfolio Recovery Associates, LLC
PO Box 12903
Norfolk, VA 23541

Reisenfeld & Associates LLC
3962 Red Bank Road
Cincinnati, OH 45227

**United States Bankruptcy Court
Southern District of West Virginia**

In re Stephen Wayne Williams

Debtor(s)

Case No. **19-60084**
Chapter **7**

VERIFICATION OF CREDITOR MATRIX - AMENDED

The above-named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date: July 15, 2021

/s/ Stephen Wayne Williams
Stephen Wayne Williams
Signature of Debtor

Fill in this information to identify your case:

| | | |
|---|---|-------------|
| Debtor 1 | Stephen Wayne Williams | |
| | First Name | Middle Name |
| Debtor 2 (Spouse if, filing) | Last Name | |
| | First Name | Middle Name |
| | Last Name | |
| United States Bankruptcy Court for the: | SOUTHERN DISTRICT OF WEST VIRGINIA | |
| Case number (if known) | 19-60084 | |

Check if this is an amended filing

Official Form 106E/F**Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

| | Total claim | Priority amount | Nonpriority amount | |
|---|--|-------------------|--------------------|-------------------|
| 2.1 Internal Revenue Service Priority Creditor's Name 425 Juliana Street Parkersburg, WV 26101 Number Street City State Zip Code | Last 4 digits of account number When was the debt incurred? 12/31/2015 | \$6,584.00 | \$0.00 | \$6,584.00 |
| Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | |
| <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ | | | |
| Tax Liability | | | | |

| | Total claim | Priority amount | Nonpriority amount | |
|---|--|-------------------|--------------------|---------------|
| 2.2 Internal Revenue Service Priority Creditor's Name 425 Juliana Street Parkersburg, WV 26101 Number Street City State Zip Code | Last 4 digits of account number When was the debt incurred? 12/31/2017 | \$4,916.00 | \$4,916.00 | \$0.00 |
| Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | |
| <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ | | | |
| Tax Liability | | | | |

Debtor 1 Stephen Wayne Williams

| | | | | | |
|-----|--|---|------------|------------|------------|
| 2.3 | Internal Revenue Service Priority Creditor's Name 425 Juliana Street Parkersburg, WV 26101 Number Street City State Zip Code | Last 4 digits of account number | \$5,092.00 | \$5,092.00 | \$0.00 |
| | Who incurred the debt? Check one. | When was the debt incurred? | 12/31/2016 | | |
| | <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | As of the date you file, the claim is: Check all that apply | | | |
| | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | | |
| | | Type of PRIORITY unsecured claim: | | | |
| | | <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify | | | |
| | | Tax Liability | | | |
| 2.4 | Internal Revenue Service Priority Creditor's Name 425 Juliana Street Parkersburg, WV 26101 Number Street City State Zip Code | Last 4 digits of account number | \$2,377.00 | \$2,377.00 | \$0.00 |
| | Who incurred the debt? Check one. | When was the debt incurred? | 12/31/2018 | | |
| | <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | As of the date you file, the claim is: Check all that apply | | | |
| | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | | |
| | | Type of PRIORITY unsecured claim: | | | |
| | | <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify | | | |
| | | Tax Liability | | | |
| 2.5 | Ohio Department of Taxation Priority Creditor's Name Compliance Division PO Box 182402 Columbus, OH 43218 Number Street City State Zip Code | Last 4 digits of account number | \$6,577.69 | \$0.00 | \$6,577.69 |
| | Who incurred the debt? Check one. | When was the debt incurred? | 12/31/2015 | | |
| | <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | As of the date you file, the claim is: Check all that apply | | | |
| | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | | |
| | | Type of PRIORITY unsecured claim: | | | |
| | | <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify | | | |
| | | Tax Liability | | | |

Debtor 1 Stephen Wayne Williams

| | | | | | |
|-----|--|---|------------|------------|--------|
| 2.6 | Ohio Department of Taxation Priority Creditor's Name Compliance Division PO Box 182402 Columbus, OH 43218 Number Street City State Zip Code | Last 4 digits of account number | \$4,933.12 | \$4,933.12 | \$0.00 |
| | | When was the debt incurred? | 12/31/2016 | | |
| | | As of the date you file, the claim is: Check all that apply | | | |
| | | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | | |
| | | Type of PRIORITY unsecured claim: | | | |
| | | <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ | | | |
| | | Tax Liability | | | |
| 2.7 | Ohio Department of Taxation Priority Creditor's Name Compliance Division PO Box 182402 Columbus, OH 43218 Number Street City State Zip Code | Last 4 digits of account number | Unknown | \$0.00 | \$0.00 |
| | | When was the debt incurred? | 12/31/2017 | | |
| | | As of the date you file, the claim is: Check all that apply | | | |
| | | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | | |
| | | Type of PRIORITY unsecured claim: | | | |
| | | <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ | | | |
| | | Tax Liability | | | |
| 2.8 | Ohio Department of Taxation Priority Creditor's Name Compliance Division PO Box 182402 Columbus, OH 43218 Number Street City State Zip Code | Last 4 digits of account number | \$619.00 | \$619.00 | \$0.00 |
| | | When was the debt incurred? | 12/31/2018 | | |
| | | As of the date you file, the claim is: Check all that apply | | | |
| | | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | | |
| | | Type of PRIORITY unsecured claim: | | | |
| | | <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ | | | |
| | | Tax Liability | | | |

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.

Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more

Debtor 1 Stephen Wayne Williams

than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

| | | Total claim |
|-----|---|---|
| 4.1 | Barclay Card Nonpriority Creditor's Name PO Box 13337 Philadelphia, PA 19101 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number 0967 When was the debt incurred? 01/01/2014 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card purchases |
| 4.2 | Capital One Bankruptcy Department Nonpriority Creditor's Name PO Box 5155 Norcross, GA 30091 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number 3211 When was the debt incurred? 04/01/2014 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card purchases |
| 4.3 | Chase Bank USA Nonpriority Creditor's Name PO Box 94014 Palatine, IL 60094-4014 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number 7236 When was the debt incurred? 01/01/2014 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card purchases |

Debtor 1 Stephen Wayne Williams

| | | | |
|-----|---|--|------------|
| 4.4 | Credit One Bank Nonpriority Creditor's Name PO Box 98872 Las Vegas, NV 89193-8872 Number Street City State Zip Code Who incurred the debt? Check one. | Last 4 digits of account number 3047 | \$545.88 |
| | | When was the debt incurred? 01/01/2020 | |
| | | As of the date you file, the claim is: Check all that apply | |
| | | <input type="checkbox"/> Contingent | |
| | | <input type="checkbox"/> Unliquidated | |
| | | <input type="checkbox"/> Disputed | |
| | | Type of NONPRIORITY unsecured claim: | |
| | | <input type="checkbox"/> Student loans | |
| | | <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | | <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | |
| | | <input checked="" type="checkbox"/> Other. Specify Credit Card purchases | |
| 4.5 | Credit One Bank Nonpriority Creditor's Name PO Box 98872 Las Vegas, NV 89193-8872 Number Street City State Zip Code Who incurred the debt? Check one. | Last 4 digits of account number 4874 | \$515.58 |
| | | When was the debt incurred? 01/01/2020 | |
| | | As of the date you file, the claim is: Check all that apply | |
| | | <input type="checkbox"/> Contingent | |
| | | <input type="checkbox"/> Unliquidated | |
| | | <input type="checkbox"/> Disputed | |
| | | Type of NONPRIORITY unsecured claim: | |
| | | <input type="checkbox"/> Student loans | |
| | | <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | | <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | |
| | | <input checked="" type="checkbox"/> Other. Specify Credit Card purchases | |
| 4.6 | First American Loans Nonpriority Creditor's Name 19 Ohio River Plaza Gallipolis, OH 45631 Number Street City State Zip Code Who incurred the debt? Check one. | Last 4 digits of account number 1285 | \$1,000.00 |
| | | When was the debt incurred? 02/01/2019 | |
| | | As of the date you file, the claim is: Check all that apply | |
| | | <input type="checkbox"/> Contingent | |
| | | <input type="checkbox"/> Unliquidated | |
| | | <input type="checkbox"/> Disputed | |
| | | Type of NONPRIORITY unsecured claim: | |
| | | <input type="checkbox"/> Student loans | |
| | | <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | | <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | |
| | | <input checked="" type="checkbox"/> Other. Specify Payday Loan | |

Debtor 1 **Stephen Wayne Williams**

| | | | |
|-----|---|--|-------------|
| 4.7 | One Main Financial Nonpriority Creditor's Name 9 Ohio River Plaza Gallipolis, OH 45631 Number Street City State Zip Code | Last 4 digits of account number 2563 | \$11,866.53 |
| | Who incurred the debt? Check one. | When was the debt incurred? 01/01/2017 | |
| | As of the date you file, the claim is: Check all that apply | | |
| | <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | |
| | Type of NONPRIORITY unsecured claim: | | |
| | <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Personal loan | | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

Financial Recovery Services Inc
4510 W 77th St #200
Minneapolis, MN 55435

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.1 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Lee M. Smith & Associates
929 Harrison Avenue
Ste 300
Columbus, OH 43215-1346

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.5 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Lee M. Smith & Associates
929 Harrison Avenue
Ste 300
Columbus, OH 43215-1346

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.6 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Lee M. Smith & Associates
929 Harrison Avenue
Ste 300
Columbus, OH 43215-1346

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.7 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Lee M. Smith & Associates
929 Harrison Avenue
Ste 300
Columbus, OH 43215-1346

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.8 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Nationwide Credit, Inc.
PO Box 14581
Des Moines, IA 50306-3581

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.3 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Ohio Attorney General
150 E. Gay Street
Columbus, OH 43215

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.5 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 **Stephen Wayne Williams**

Last 4 digits of account number

Name and Address

Ohio Attorney General
150 E. Gay Street
Columbus, OH 43215

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.6 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Ohio Attorney General
150 E. Gay Street
Columbus, OH 43215

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.7 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Ohio Attorney General
150 E. Gay Street
Columbus, OH 43215

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.8 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Portfolio Recovery Associates LLC
120 Corporate Blvd
Norfolk, VA 23502

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.2 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Portfolio Recovery Associates, LLC
PO Box 12903
Norfolk, VA 23541

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.2 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | Total Claim | | |
|--------------------------|---|--------------------|----|------------------|
| Total claims from Part 1 | 6a. Domestic support obligations | 6a. | \$ | 0.00 |
| | 6b. Taxes and certain other debts you owe the government | 6b. | \$ | 31,098.81 |
| | 6c. Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | 6e. Total Priority. Add lines 6a through 6d. | 6e. | \$ | 31,098.81 |
| Total claims from Part 2 | 6f. Student loans | 6f. | \$ | 0.00 |
| | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 25,465.62 |
| | 6j. Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 25,465.62 |

Fill in this information to identify your case:

| | |
|---|------------------------------------|
| Debtor 1 | Stephen Wayne Williams |
| Debtor 2 (Spouse, if filing) | |
| United States Bankruptcy Court for the: | SOUTHERN DISTRICT OF WEST VIRGINIA |
| Case number (If known) | 19-60084 |

Check if this is:

- An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

12/15

Official Form 106I

Schedule I: Your Income

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

| | Debtor 1 | Debtor 2 or non-filing spouse |
|--------------------|---|--|
| Employment status | <input type="checkbox"/> Employed <input checked="" type="checkbox"/> Not employed | <input type="checkbox"/> Employed <input type="checkbox"/> Not employed |
| Occupation | retired | |
| Employer's name | | |
| Employer's address | | |

How long employed there?

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

| | For Debtor 1 | For Debtor 2 or non-filing spouse |
|--|--------------------|-----------------------------------|
| 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. | 2. \$ <u>0.00</u> | \$ <u>N/A</u> |
| 3. Estimate and list monthly overtime pay. | 3. +\$ <u>0.00</u> | +\$ <u>N/A</u> |
| 4. Calculate gross income. Add line 2 + line 3. | 4. \$ <u>0.00</u> | \$ <u>N/A</u> |

Debtor 1 **Stephen Wayne Williams**

Case number (if known)

19-60084

| Copy line 4 here | For Debtor 1 | For Debtor 2 or non-filing spouse |
|--|------------------------|-----------------------------------|
| | 4. \$ 0.00 | \$ N/A |
| 5. List all payroll deductions: | | |
| 5a. Tax, Medicare, and Social Security deductions | 5a. \$ 0.00 | \$ N/A |
| 5b. Mandatory contributions for retirement plans | 5b. \$ 0.00 | \$ N/A |
| 5c. Voluntary contributions for retirement plans | 5c. \$ 0.00 | \$ N/A |
| 5d. Required repayments of retirement fund loans | 5d. \$ 0.00 | \$ N/A |
| 5e. Insurance | 5e. \$ 0.00 | \$ N/A |
| 5f. Domestic support obligations | 5f. \$ 0.00 | \$ N/A |
| 5g. Union dues | 5g. \$ 0.00 | \$ N/A |
| 5h. Other deductions. Specify: | 5h.+ \$ 0.00 | + \$ N/A |
| 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. \$ 0.00 | \$ N/A |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. \$ 0.00 | \$ N/A |
| 8. List all other income regularly received: | | |
| 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. \$ 0.00 | \$ N/A |
| 8b. Interest and dividends | 8b. \$ 0.00 | \$ N/A |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. \$ 0.00 | \$ N/A |
| 8d. Unemployment compensation | 8d. \$ 0.00 | \$ N/A |
| 8e. Social Security | 8e. \$ 1,466.00 | \$ N/A |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f. \$ 0.00 | \$ N/A |
| 8g. Pension or retirement income | 8g. \$ 3,017.32 | \$ N/A |
| 8h. Other monthly income. Specify: | 8h.+ \$ 0.00 | + \$ N/A |
| 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. \$ 4,483.32 | \$ N/A |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ 4,483.32 | + \$ N/A = \$ 4,483.32 |
| 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: | 11. +\$ 0.00 | |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies | 12. \$ 4,483.32 | |
| 13. Do you expect an increase or decrease within the year after you file this form? | | |
| <input checked="" type="checkbox"/> No. | | |
| <input type="checkbox"/> Yes. Explain: _____ | | |

Fill in this information to identify your case:

| | |
|---|---|
| Debtor 1 | Stephen Wayne Williams |
| Debtor 2 (Spouse, if filing) | |
| United States Bankruptcy Court for the: | SOUTHERN DISTRICT OF WEST VIRGINIA |
| Case number (If known) | 19-60084 |

Check if this is:

- An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?
 No
 Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents? No

| Do not list Debtor 1 and Debtor 2. | <input type="checkbox"/> Yes. Fill out this information for each dependent..... | Dependent's relationship to Debtor 1 or Debtor 2 | Dependent's age | Does dependent live with you? |
|------------------------------------|---|--|-----------------|--|
| Do not state the dependents names. | | | | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes |
| | | | | |
| | | | | |
| | | | | |

3. Do your expenses include expenses of people other than yourself and your dependents? No
 Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

| |
|---------------|
| Your expenses |
|---------------|

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ **592.05**

If not included in line 4:

| | |
|---|----------------------|
| 4a. Real estate taxes | 4a. \$ 0.00 |
| 4b. Property, homeowner's, or renter's insurance | 4b. \$ 0.00 |
| 4c. Home maintenance, repair, and upkeep expenses | 4c. \$ 200.00 |
| 4d. Homeowner's association or condominium dues | 4d. \$ 0.00 |
| 5. Additional mortgage payments for your residence, such as home equity loans | 5. \$ 0.00 |

| Debtor 1 Stephen Wayne Williams | Case number (if known) | 19-60084 |
|--|------------------------|-----------------|
| 6. Utilities: | | |
| 6a. Electricity, heat, natural gas | 6a. \$ | 430.00 |
| 6b. Water, sewer, garbage collection | 6b. \$ | 55.00 |
| 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. \$ | 240.00 |
| 6d. Other. Specify: _____ | 6d. \$ | 0.00 |
| 7. Food and housekeeping supplies | 7. \$ | 1,000.00 |
| 8. Childcare and children's education costs | 8. \$ | 0.00 |
| 9. Clothing, laundry, and dry cleaning | 9. \$ | 100.00 |
| 10. Personal care products and services | 10. \$ | 125.00 |
| 11. Medical and dental expenses | 11. \$ | 200.00 |
| 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. \$ | 350.00 |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books | 13. \$ | 200.00 |
| 14. Charitable contributions and religious donations | 14. \$ | 0.00 |
| 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | |
| 15a. Life insurance | 15a. \$ | 0.00 |
| 15b. Health insurance | 15b. \$ | 120.00 |
| 15c. Vehicle insurance | 15c. \$ | 70.00 |
| 15d. Other insurance. Specify: _____ | 15d. \$ | 0.00 |
| 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Pre-petition Tax Liabilities | 16. \$ | 300.00 |
| 17. Installment or lease payments: | | |
| 17a. Car payments for Vehicle 1 | 17a. \$ | 493.05 |
| 17b. Car payments for Vehicle 2 | 17b. \$ | 0.00 |
| 17c. Other. Specify: _____ | 17c. \$ | 0.00 |
| 17d. Other. Specify: _____ | 17d. \$ | 0.00 |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. \$ | 0.00 |
| 19. Other payments you make to support others who do not live with you. Specify: _____ | 19. \$ | 0.00 |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. | | |
| 20a. Mortgages on other property | 20a. \$ | 0.00 |
| 20b. Real estate taxes | 20b. \$ | 0.00 |
| 20c. Property, homeowner's, or renter's insurance | 20c. \$ | 0.00 |
| 20d. Maintenance, repair, and upkeep expenses | 20d. \$ | 0.00 |
| 20e. Homeowner's association or condominium dues | 20e. \$ | 0.00 |
| 21. Other: Specify: _____ | 21. +\$ | 0.00 |
| 22. Calculate your monthly expenses | | |
| 22a. Add lines 4 through 21. | \$ | 4,475.10 |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | \$ | 4,475.10 |
| 22c. Add line 22a and 22b. The result is your monthly expenses. | \$ | 4,475.10 |
| 23. Calculate your monthly net income. | | |
| 23a. Copy line 12 (<i>your combined monthly income</i>) from Schedule I. | 23a. \$ | 4,483.32 |
| 23b. Copy your monthly expenses from line 22c above. | 23b. -\$ | 4,475.10 |
| 23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> . | 23c. \$ | 8.22 |
| 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? | | |
| <input checked="" type="checkbox"/> No. | | |
| <input type="checkbox"/> Yes. | Explain here: _____ | |

Fill in this information to identify your case:

| | | | |
|--|-------------------------------|-------------|-----------|
| Debtor 1 | Stephen Wayne Williams | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: SOUTHERN DISTRICT OF WEST VIRGINIA | | | |
| Case number (if known) | 19-60084 | | |

Check if this is an amended filing

Official Form 106Sum**Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

| | | Your assets Value of what you own |
|-----|---|---|
| 1. | Schedule A/B: Property (Official Form 106A/B) | \$ 120,000.00 |
| 1a. | Copy line 55, Total real estate, from Schedule A/B..... | \$ 120,000.00 |
| 1b. | Copy line 62, Total personal property, from Schedule A/B..... | \$ 22,895.00 |
| 1c. | Copy line 63, Total of all property on Schedule A/B..... | \$ 142,895.00 |

Part 2: Summarize Your Liabilities

| | | Your liabilities Amount you owe |
|-----|---|---|
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) | \$ 72,832.05 |
| 2a. | Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of Schedule D... | \$ 72,832.05 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) | \$ 31,098.81 |
| 3a. | Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F..... | \$ 31,098.81 |
| 3b. | Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F..... | \$ 25,465.62 |
| | | Your total liabilities \$ 129,396.48 |

Part 3: Summarize Your Income and Expenses

| | | |
|----|---|-------------|
| 4. | Schedule I: Your Income (Official Form 106I) | \$ 4,483.32 |
| | Copy your combined monthly income from line 12 of Schedule I..... | \$ 4,483.32 |
| 5. | Schedule J: Your Expenses (Official Form 106J) | \$ 4,475.10 |
| | Copy your monthly expenses from line 22c of Schedule J..... | \$ 4,475.10 |

Part 4: Answer These Questions for Administrative and Statistical Records

- Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes
- What kind of debt do you have?

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 Stephen Wayne Williams

Document Page 16 of 21

Case number (if known) 19-60084

8. From the **Statement of Your Current Monthly Income**: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 3,017.32

9. Copy the following special categories of claims from Part 4, line 6 of **Schedule E/F**:

| <u>From Part 4 on Schedule E/F, copy the following:</u> | <u>Total claim</u> |
|--|---------------------|
| 9a. Domestic support obligations (Copy line 6a.) | \$ 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ 31,098.81 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ 31,098.81 |

Fill in this information to identify your case:

| | | | |
|--|------------------------|-------------|-----------|
| Debtor 1 | Stephen Wayne Williams | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: SOUTHERN DISTRICT OF WEST VIRGINIA | | | |
| Case number (if known) | 19-60084 | | |

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Stephen Wayne Williams

Stephen Wayne Williams
Signature of Debtor 1

X

Signature of Debtor 2

Date July 15, 2021

Date

Fill in this information to identify your case:

| | | | |
|---|------------------------------------|-------------|-----------|
| Debtor 1 | Stephen Wayne Williams | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | SOUTHERN DISTRICT OF WEST VIRGINIA | | |
| Case number (if known) | 19-60084 | | |

Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |
|---|---|---|
|---|---|---|

Creditor's name:
Ally Auto

- Surrender the property.
- Retain the property and redeem it.
- Retain the property and enter into a *Reaffirmation Agreement*.
- Retain the property and [explain]:

No

Yes

Description of property securing debt:
2014 Chevrolet Silverado 98900 miles

- Creditor's name:
Home Point Financial Corporation
- Surrender the property.
 - Retain the property and redeem it.
 - Retain the property and enter into a *Reaffirmation Agreement*.
 - Retain the property and [explain]:

No

Yes

Description of property securing debt:
36505 Cremeans Road Rutland, OH 45775 Meigs County
4 bedroom, 2 bathroom house with 30x60 outbuilding situated on 4.3 acre lot

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases:

Will the lease be assumed?

Debtor 1 **Stephen Wayne Williams**

Case number (if known) **19-60084**

Lessor's name:

No

Description of leased

Yes

Property:

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X /s/ Stephen Wayne Williams

Stephen Wayne Williams

Signature of Debtor 1

X

Signature of Debtor 2

Date July 15, 2021

Date

Fill in this information to identify your case:

Debtor 1 Stephen Wayne Williams

Debtor 2
(Spouse, if filing)

United States Bankruptcy Court for the: Southern District of West Virginia

Case number 19-60084
(if known)

Check one box only as directed in this form and in Form 122A-1Supp:

- 1. There is no presumption of abuse
 - 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
 - 3. The Means Test does not apply now because of qualified military service but it could apply later.
- Check if this is an amended filing

Official Form 122A - 1

Chapter 7 Statement of Your Current Monthly Income

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

- Not married. Fill out Column A, lines 2-11.
- Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
- Married and your spouse is NOT filing with you. You and your spouse are:
 - Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.
 - Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.
5. Net income from operating a business, profession, or farm

| Column A Debtor 1 | Column B Debtor 2 or non-filing spouse |
|----------------------|--|
| \$ 0.00 | \$ |
| \$ 0.00 | \$ |
| \$ 0.00 | \$ |

6. Net income from rental and other real property

Debtor 1

| | | | |
|---|----------|--------------|---------|
| Gross receipts (before all deductions) | \$ 0.00 | | |
| Ordinary and necessary operating expenses | -\$ 0.00 | | |
| Net monthly income from a business, profession, or farm | \$ 0.00 | Copy here -> | \$ 0.00 |

7. Interest, dividends, and royalties

Debtor 1

| | | | |
|---|----------|--------------|---------|
| Gross receipts (before all deductions) | \$ 0.00 | | |
| Ordinary and necessary operating expenses | -\$ 0.00 | | |
| Net monthly income from rental or other real property | \$ 0.00 | Copy here -> | \$ 0.00 |

Debtor 1 **Stephen Wayne Williams**Case number (if known) **19-60084**

| | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse |
|--|------------------------------|---|
| 8. Unemployment compensation | \$ 0.00 | \$ 0.00 |
| Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: | | |
| For you | \$ 0.00 | \$ 0.00 |
| For your spouse | \$ 0.00 | \$ 0.00 |
| 9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. | \$ 3,017.32 | \$ 0.00 |
| 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. | \$ 0.00 | \$ 0.00 |
| | \$ 0.00 | \$ 0.00 |
| | \$ 0.00 | \$ 0.00 |
| Total amounts from separate pages, if any. | | |
| | + \$ 0.00 | \$ 0.00 |
| 11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. | | |
| \$ 3,017.32 | + \$ 0.00 | = \$ 3,017.32 |
| Total current monthly income | | |
| Part 2: Determine Whether the Means Test Applies to You | | |
| 12. Calculate your current monthly income for the year. Follow these steps: | | |
| 12a. Copy your total current monthly income from line 11 | Copy line 11 here=> | \$ 3,017.32 |
| Multiply by 12 (the number of months in a year) | | |
| 12b. The result is your annual income for this part of the form | x 12 | 12b. \$ 36,207.84 |
| 13. Calculate the median family income that applies to you. Follow these steps: | | |
| Fill in the state in which you live. | OH | |
| Fill in the number of people in your household. | 1 | |
| Fill in the median family income for your state and size of household. | 13. \$ 49,624.00 | |
| To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. | | |
| 14. How do the lines compare? | | |
| 14a. <input checked="" type="checkbox"/> Line 12b is less than or equal to line 13. On the top of page 1, check box 1, <i>There is no presumption of abuse</i> . Go to Part 3. | | |
| 14b. <input type="checkbox"/> Line 12b is more than line 13. On the top of page 1, check box 2, <i>The presumption of abuse is determined by Form 122A-2</i> . Go to Part 3 and fill out Form 122A-2. | | |
| Part 3: Sign Below | | |
| By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. | | |
| X /s/ Stephen Wayne Williams Stephen Wayne Williams Signature of Debtor 1 | | |
| Date <u>July 15, 2021</u> MM / DD / YYYY | | |
| If you checked line 14a, do NOT fill out or file Form 122A-2. | | |
| If you checked line 14b, fill out Form 122A-2 and file it with this form. | | |